



City of Miami Gardens Heritage Bowl Registration/Activity Release Form



General Participant Information

(must also be completed by alternates)

| | | | |
|---|------|-------------|------------------|
| Last Name: | | First Name: | |
| Birth Date: | Age: | Grade: | Sex: Female Male |
| Medical Insurance: | | Policy #: | |
| List any Special Conditions, Handicaps and /or Medications (i.e.: Allergies, Asthma, Diabetes, Epilepsy, Penicillin, etc.) | | | |
| (Staff will not be responsible for administering any medication, nor for ensuring that medication has been taken properly.) | | | |

Parent Information/Authorization

| | |
|--------------------|--------------------|
| Mother's Full Name | Father's Full Name |
| Address | Address |
| City, State, Zip | City, State, Zip |
| Home Ph.# | Home Ph.# |
| Work Ph.# | Work Ph.# |
| Other Ph.# | Other Ph.# |

Emergency Contact Persons [other than parent(s)/guardian(s)]

| Full Name | Relationship | Phone #1 | Phone #2 |
|-----------|--------------|----------|----------|
| | | | |
| | | | |

Consent to Medical and/or Surgical Treatment & Assumption of Risk and Release

In the event of injury to or illness of their self/son/daughter/ward, the undersigned hereby authorizes the City of Miami Gardens or representative thereof, to admit the registrant named to a facility for emergency medical treatment as may be deemed necessary to his or her health welfare. The undersigned hereby consents to whatever medical treatment is deemed necessary. The undersigned on his or her behalf of the registrant, their heirs, assigns and personal representatives, hereby releases the City of Miami Gardens, its councilmembers, staff, and employees, and agents from and against any and all claims and losses, including, but not limited to attorney's fees and court costs, arising out of the admission to, or treatment administered.

The undersigned hereby acknowledges and agrees that participation in the program and related activities carry with it an inherent risk of physical injury. In consideration of the registrant's participation in the program, the undersigned, on behalf of the registrant, hereby assumes all such risks of physical injury and does hereby release and forever discharge the City of Miami Gardens, its councilmembers, staff, employees and agents from any and all liability, claim or loss arising from bodily injuries or damage to personal property resulting from the registrant's involvement and participation in the program and its activities.

Photographic Release

I hereby authorize the City of Miami Gardens, and the members of its staff to take such photographs, television recordings and/or live television transmission, and likenesses of the registrant in whole, or in part, as they or members of the staff may wish, and to use and publish the same in such places and publication as the City of Miami Gardens, of its staff in its sole discretion consider to be of benefit to said City. I hereby waive any right that I may have to inspect and/or approve the finished product that may be used here under or the specific use to which it may be applied.

Participant's Name: _____ Participant's Signature: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____ Date: _____